LUNFADING INK. Supply every item of information carefully. The correct age right. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, W is especially in

VS A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

104211 Reg. Diat. No. 3.33

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother)
County Wacterpasser	0./3
(If outside city or town limits, write RURAL and give nearest town)	State Mod County Miconites
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Gookawalkm.	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Elizabeth	athurse 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, soowed, or divorced	MEDICAL CERTIFICATION
Jemel while married	20. DATE OF BEATH. 19.43 - at 7 20 AM
Robert 1 athering	21. I CERTIFY that seath occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife the the desired allowing	Jule 19 19 615, 10 Jule 11. 19 415
T. Birth date of	0 //
deceased (mo., day, yr.) Aune 191872	and thet I last saw have live on
8. AGE: Years Months Days If less than one day	Immediate cause of death
72 11 23hrsmin.	Cerebral Hemaliage
9. Birthplace Donuract a mo	Oue to
(Town, county, and state)	000000000000000000000000000000000000000
10. Usual occupation	
0.	Due to
11. Industry or business	
12. Name ditteta moddox 13. Birthplace worceston a mod	Other conditions Cliffied Chy orange of the
	(Include pregnancy within 3 months of death)
14. Malden name of felde fong 15. Birthplace Sommand and Male	
E Land	Major findings of operations
≥ 15. Birthplace	Dale of op
16. informant Sabert J. alkinson	Autopsy results
Address Geben Mol RD	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Audress	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or reproval, Which?) Oate thereof	Accident, suicide, or homicide
Nance A Consister	
Cemetery or crematory	Where did injury occur?
Location Daysbury, Mac	Injured at home, farm, Industry, public place (where?)
The Will & nahami	Means of Injury Injured at work?
18. Funeral director.	di 'nn: 6 1
Address Dalisbury md	a companier welland her ruch
1119 14-100 77 ()	23. SIGNATURE
(Date ryc'd by registrar)	Address Address Oate signed Mee 12-8

KECKIVED

JUN 27 1945

BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1770)

Reg. Dist. No. 333

06430

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County W. Ogranic	(For rewborn nfants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
Rospilal, institution or street address where death occurred:	Street No.
Sermonda Junal Dospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME States S. Beruin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m white undowed.	20. DATE OF DEATH. June 28 19. 45 at 732 13 M
e (I) Mana at husband as with	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(b) Name of husband or wife	June 24 1945 10 June 28 1945
7. Birth date of deceased (mo., day, yr.) Sept. 20 /P6 5	and thet I last saw h. J. Ma. alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death Throm posts (Rt. auco)
(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	
9. Birthplace limbha	Due to
(Town, county) and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Januarek	Differ conditions ERFORATED RESTRE Wee
t3. Birthplace	1 ento Hemorrhooic Huceolitics
14. Maiden name Association	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations
Jr. 1/2	Date of op.
16. Intermant	Autopsy results. Please underline the cause to which death should be charged statistically.
Address V Lucky Nel,	
17 B wal Date thereof 7-1-45	22. VIOLENCE: Indeath was due to external causes, fill in the tollowing;
(Burlal, cremation, or removal. Which?) (month) (day) (gear)	Accident, suicide, or homicide
Cemetery or cremetory that the Unit, streeth U	Where did injury occur?
Location Jewally Will	Injured at home, farm, Industry, public place (where?)
18. Funeral direction of the Bend, to	Means of liptory hijured at work?
Address William Will	Hi Hause Mx
	23. SIGHATURE M.D. of other
19. (Date receipty registrar) 19 # Haggief & Registrar	Address Salisbury, Md Date signed 6/29/45

RECEIVED

JUL 7 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06431

CERTIFICATE OF DEATH

Rev Dist No 333

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn in ants give residence of mother) State
City or fowa(If outside city or town limits, wate RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town Miles write RUBAL and give nearest town)
How long in above prace of dearn. Hospital, institution, or steep address where death accurred:	109 3.1.
109 Filgwaler St	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
0. d 1 R. +	3. (b) Social Security Number
marin 1. Door	
4. Sex 5. Color or race 6.(a) Single, maried, widowed, or divorced	MEDICAL CERTIFICATION
May White Midowa	20. DATE OF DEATH 25- 19.45- 21 7 20R M
Pht. Vo Bath	21. I CENTEY that death occurred on the date above stated: that lattended deceased from
6,(b) Name of husband or wife	21. I CENTER that death occurred on the date above stated, that I attended deceased from
7. Birth date of	() 1 = 1: 2/5
deceased (mo., day, yr.) Aure 3 1869	
8. AGE: Years Months Days Dess than one day	Immediate cause of death OURATION
76 0 22hrs. min.	Comment Oches 2001
Trining	
9. Birthplace Town, courty, and state)	Due to July Jest
10. Usual occupation Retired Consumter	- N
	Due to
11. Industry or business	Ty face
12. Hame	Other conditions 5
≤ 13. Birthplace	(Include pregnancy within 3 months of death)
H 14. Maiden name	
15. Birthplace	Major findings of operations.
74/ 5 24/ 0/ a n	Date of op.
18. Informant VVICONICI VILGOR DESCRIPTION	Autopsy resulta
Address Splasbury/Mid	
17 Quest Gate thereof 6/17/41	22. VIOLENCE: If death was due to external causes, fill in the following;
thurial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or cramatory	Where did injury occur?
Location Mt. Nemer med	Injured at home, farm, Industry, public place (where?)
41.11-10.00	Means of Injury Injured at work?
18. Funeral director.	
Address Salisbury mod	WATER ON L
4/1 while as i Ann.	23 SIGNATURE M. D. or other
19, Date recide v registrary Registrary	Address Rule Vors Bale signed 6/27/45



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830



CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Marketa Springs - Rural (If outside city or town lights, write RURAL and give nearest town)	State Thangland county Wicomico
(if outside city of town lights, write RURAL and give nearest town)	City or town Mardela Springs - Runal (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No.
Near San Domingo	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME arthur H. Brown	3. (b) Social Security Number 218-09-1791
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored married	2D. DATE DF DEATH 19 45 at 1 P. M.
6.(6) Name of husband or wife Annie E. Brown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19.47 , to left 27 , 19.45
deceased (mo., day, yr.) February 12, 1882	and that t last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death Hemorifage DURATION
63 4 13hrsmin.	
9. Birthplace Wiscomics Comoting Mary Jand (Town, county, and state)	Due to Ulusclews
10. Usual occupation. David Laborer	
11. Industry or business Farm	Due to
12. Name George Bown 13. Birthpiace Wicomico County, Maryland	Other conditions
13. Birthpiace Wicomico Country, Maryland	
14. Majden name Mary Hubbard	(Include pregnancy within 3 months of death)
14. Maiden name Many Hubbard 15. Birthplace Wico wico County, Maryfand	Major findings of operations
18. Informant Mrs. annie E. Brown	Autopsy results
Address Mardela Springs Maryland R.F.O.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17. Burial Date thereof Lune 29, 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sand Domingo Constante	Where did injury occur?
Location Near Sharptown Maryland	tnjured at home, farm, Industry, public place (where?)
18. Funeral director I. J. Framptom and Son	Meens of injury Injured at work?
Address Federalsburg, Maryland	Clare by how en min
11-1- 1 2011	23. SIGNATURE M./D. or other
19. (Date reg of hy registrar) 19. Registrar	Address Date signed 6/28/45

JUN 30 1945 BURNAU V.R.

00

PLEASE WRITE PLAINLY, WITH ON is especially important

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 169

CERTIFICATE OF DEATH

I. PLACE OF DEATH:	(For pewborn infants give residence of mother)
County Land	
City or town (If outside city or town limits, write RURAL and give nearest town)	State A County County
(If outside city or town limits, write RURAL and give nearest town)	City or town / Lellma
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. /P + D ## 3
Ilmand Themas Inglish	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Married Bruce	088-09-1689
4. Sex 5. Solor or race 6.(a) Single-married, widowed, or divorced	
1 (11/1-0) (1	MEDICAL CERTIFICATION
male Aprile Married	20. DATE OF DEATH Sure 2, 19.45 at 6 AM
6.(b) Name of husband or wife. Mans Buch	21. I CERTIFY that doubt occurred on the late above stated; that I attended deceased from
	19 19 19
6.(c) If allve, give age years	
7. Birth date of deceased (mo., day, yr.) Oct B2 - 1907	and thell iast saw 1) alive on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death
8 7	Shoch 8 hs
7hrsmin.	
Harristall mans	. Transfer aroutation of 1
9. Birthplace Fown, county and state	Due to Ot and O Kt lee O The
	Province of the total
10. Usual occupation	Due to
11. Industry or business	
Element Donald In Bruce.	Evoctor o Couration of
12. Name Donald M. Buck 13. Birthplace Maria Scotia - Carola	Other conditions of Donath when come
	(Include pregnancy within 3 months of death)
# 14. Maiden name Colle E. Govers	
14. Maiden name Celle & Govern 15. Birthplace Sardonich Mass.	Major findings of operations.
El 15. Birthplace January Mass.	
18. Informant Many Bruce	Antopsy results.
1/2 / 2 2 2 2 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Leifma, Leil R7D3	
17. Coemation Date thereof 6-4-45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide.
Cemetery to command the state of the state o	Where did injury occur? Alelma (City or town) (County) (State)
Location Slyshoulf miss	Injured at home, farm, industry, public place (where?) R
18. Funeral director, D. S. Granel Co	Means of injury full of box our injured at work? yes
Address Oldman All	eaglademaker MP
AUDIESS AUDIESS	M. D. or other
1 6 /21. N6 - Marie E. A	M. D. or other -440
(Date rec'd hy registrar)	Address Dalisbury M. Date signed 6 -2 3
	1

REGERVED

JUN 27 1945

BURNAU V.S.

age		EPARTMENT OF HEALTH lea St., Baltimore (131-2)
correct	CERTIFICAT	TE OF DEATH Reg. Dist. No. 3.3
information carefully. The corror death clearly and legibly	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nawborn infarts give residence of mother) State
orma	Daniel Carter	3.(b) Social Security Number
C 4 8	4. Sex 5. Color or race 6.(a) single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. A. 19 45 at //. A.
WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the cause	6. (b) Name of husband or wife	21. A CERTIFY that does not occurred on the date above stated: (that I attended deceased from
VS A15 (PLEASE	Address Sality med	I Allan ma.
VS	19	Address Date signed 5/19/

JUL 7 1945
BUREAU V.S.

2411 N. Charles St., Baltimore

1.6435

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town Click of the County City or town limbs, write RURAL and give nearest town)	State Mada County Milowith
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
	Street No
How tong in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
aliraham Vale	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a a married	20. DATE OF DEATH 15 19 45 at 4 10 M
6.(b) Name of husband or wife Illara All Cole	21. I CERTIFY that death occurred on the date above staled; that attended deceased from
S.(c) If alive, give ageyears	19 je 19
7. Birth date of deceased (mo., day, yr.) about 1922	and thet I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
about 23 - min.	Drewning Sudden
9. Birthplace & Blandsung A.C.	Due to Aeath
(Town, founty, and state)	
10. Usuat occupation	Due to
11. Industry or business Same as about	
12. Name 11. Mame 11.	Other conditions
	(Include pregnancy within 3 months of desth)
# 14. Maiden name rengana le se	A
14. Maiden name de la	Major findings of operations
S. RA	Oate of op.
16. Interment (Change)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address of hulland and	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide accident Date of b -15 -45
Cemetery or crematory	Where did lainer accur? Dalistung wecomes but
8,0,0	1 1 - 11 1 - 12 0
Location & Meadler Reg. J.	
18. Funeral director Language Miller	Means of Injury . Downed office Vinjured at work?
Address / Salieshury my	JoRadematr WD.
6/18 14 Tel A 1 20 00	29 SIGNATURE M. D. or other
(Date roc d by registrar)	Address Dalos luly) King Bate signed 6 / 8/4

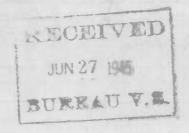
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

JUL 7 1945 BUREAU V.S.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother) State Manual County Workerter City or town Show Show Show Manual (If outside city or town limits, write RURAL and give nearest town) Street No. (if rural, give LOCATION) 2.(a) If veteran, name war.
Shales Collins	3. (b) Social Security Number 218-06-8-3-7
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife. Ether Colling Single	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) about 1952	and thet I last saw h
9. Birthplace Snow Itel Workster Co Manuface (Town, county, and state)	Due to.
1D. Usual occupation	Due to
12. Hame Sout brown 13. Birthplace "1 14. Malden name Sout favour 15. Birthplace "1 17. Manual Sout favour 18. Birthplace "1 19. Manual Sout favour 19. Manual Sout favo	(Include prognancy within 3 months of death) Major findings of operations
18. Informant Mital. Lynch Address Ocean City	Autopsy results
17. Burial Date thereof (month) (day) (yoar) Cemelery or crematory. Had how to be seen the control of the cont	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Snow Hel Maryland 18. Funeral director James F. Stewart	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
19. (Date reck by rogister) 19 46 - Harrie B. Registrar	23. SIGNATURE M. D. or other Address Date signed J. J. M. D.

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-0) CERTIFICATE OF DEATH

4		00437	
Reg.	Dist.	No. 332	2

1. PLACE OF DEATH: Nectoric	2. USUAL RESIDENCE (HOME) OF DECHASED:
Sounds 3: //LCONCO	(For mey horn infants give residence of mother)
County	Ma Micone
	Slale
(If outside city or town limits, write RURAL and give nearest town)	P. Marille
7/19/01	City or town
How long In above place of death?	outside city of town limits, write RURAL and give nearest town)
Hospilal, Institution, a street address when death occurred:	Street No.
// // _	(If rural, give LOCATION)
	(ILIUFAL, SIVE LOCATION)
How long in hospital or institution?	2.(a) if veleran, name war
O (-) PINL NAME	
3. (a) FULL NAME	3. (b) Social Security Number
Manuar Buch	ne che
0714775000	- Chanacer
4. Sex 5. Color of ce 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Man Max L Man '	MEDICAL CERTIFICATION
Mare Marie L	Tune 22 = 45 1012
	2D, DATE OF DEATH
Jennie C. Chandle	21. I CERTIFY that reath occurred on the date above slated; that I etlended deceased from
6.(b) Name of husband or wife	
46	January 28 1945, 10 June 22 1945
	11 1 - 10 118
7. Birth date of 21 1887	and the last saw h alive on 197
deceased (mo., day, yr.) am, 31-1882	Immediata cause of death DURATION
8. AGE: Years Months Days If less than one day	Immediata cause of death
13 11 11 20	ong stud from below / year
03 V 9 32hrsmin.	
20:41	
9. 8irtholace Milliototo Willand	arlenousesis 5 m
Town, county, and state)	
The second	Castio ferral Vaccula custose 10 yr
1D. Usual occupation.	
Gran Lec	Due to
11. Industry or business	
51 Headens Placedles	
= 12. Name	Diher conditions
12. Name June Chandles 13. Birthplace Sussex G. Delava	
	(Include pregnancy within 3 months of death)
14. Malden name Jennie Bullinghas	(Melude pregnancy within a months of death)
目 14. Malden name	Major findings of aperations
15. Birtholace Sussex G. Dellaman	
#1 15. Birinpiace	Date of op.
Mrs. Service C. Place eller	
16. informant	Autopsy results.
Iddress RVD #2 Pettaille Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / C. H C / Market / Mg	CONTROL OF THE CONTRO
13 142 Cl -4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or comparal, Which?) Date thereof	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or complor	Where did injury occur?
Proceedings and a second	(City or town) (Coanty) (State)
massile maylan	forured at home, farm, industry, public place (where?)
Location	
Howard G. Hacell. And	Means of Injury Injured at work?
18. Funeral directo	- 1 1/ha 1/1/h
Address Salutan Mayland	M of M VIVIA VIVIA
Address success stay and	The Carlotte
6/21 /- /60 00	23. SIGNATURE
19 0/do 1945 delliautidan	Will he a. D. or other
(Date rec'd by registrar) Registrar	Address June 1944 Date signed? 25 80

JUL 7 1945
BUREAU V.S.

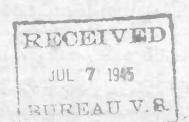
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

#0438 Rev. Dist. No. 3 8 8

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County	State Maryland County Workerthe
City or town. (If outside city or town limits, The RURAL and give nearest town)	The send
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	
Salisburg Peninsula Finnal Hoy	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Bertie Fr. Corbett	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Geneale white widowed	20, DATE DE DEATH Secre 30 Ca 18/15 at 905 AM
william & fact	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8.(6) Name of husband or wife I will work to the	6/20 194V:
	and that I last saw h 2 alive on 9/19 19.45
7. Birth date of deceased (mo., day, yr.) January 17 1884	
8. AGE: Years Months Day If less than one day	Immediate caose of death
11 (1 - 9	Caracter Ty
6/ 0 3hrsmln.	
9. Birthplace	Due to
(Town, codity, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12 Name David & Hoster	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
14. Malden name. Summer Confidence State Confidence State Confidence State Confidence State Confidence State Confidence C	Major findings of operations Oftensens Consession
5 15. Birthplace Md.	Itania C metastases Date of OB. 6/10/4V
11 the me Anniel	Trave.
18, Informant	Actopsy results
Address tocorrecte lity Tora	→22. VIOLENCE: If death wae due to external causes, fill in the following;
17 Burial Date thereof June 24-1945	
(Burial, cremation, or proval. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremator of manyo Educopal any	Where did injury occur?
D. D. D. D. Al	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director margarette H. Watson	Means of Injury Injured et work?
Side and	
Address Joenston ally Mas	23. SIGNATURE M. D. or other,
6/2 d solo Harriet 2 x 10h	61
(Date ree'd by registrar)	Address Dalesheery Hed Date signed /20, 445



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

06441

Reg. Dist. No. 337

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
man man treology	State Manyland County Wesomico
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How tong to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
mountain montaining of arroot manages where gently seem seem of	Street No.
# 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(If raral, give LOCATION)
How tong in hospitat or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Cora. Barbeley & Dashield	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 col. married	9 11 115 12 1151
0.60100	20. DATE OF DEATH. 3.45 AM
6.(b) Name of husband or wite. I cisses to Dashield	21. I CERTIFY that death occurred on the date above slated; that latteoded deceased from
7. Birth date of	May 2 9 1045 10 May 2 9 1645
7. Birth date of deceased (mo., day, yr.) //o v 3 v /872	and that I lest daw h191919
8. AGE: Years Months Days It tess than one day	Immediate canado death DURATION
7 4 /	
12 6 4hrsmin.	
9. Birthplace. Ty Ces (See (Town, county, and state)	Due to Thronback 1 wh.
10. Usual occupation 2 torese wells	Due to
11. Industry or business	Suc lu
12. Name Welliam P. Nietter 2 13. Rirthplace nauteroke	Dither conditions
\$ 13. Birthplace nauticoke	
14. Maiden name Loca Metter	(Include pregnaucy within 3 months of death)
14. Maiden name Loca Miller 15. Birthotace Nanteioke	Major findings of operations.
15. Britistate Plantitude	Date of op.
16. Interment James E. Washeld	Autopsy results
Address nanticolse	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Been al Brightner Greene 6,1845	22. VIOLENCE: If death was due to externat causes, filt in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory existing	Where did tajury occur?
1 - 1	
Location Jesteville	Injured at home, farm, industry, public ptace (where?)
18. Funeral director	Means of Injury Injured at work?
Address & Bing Con Mild	23. SIGNATURE D alle Ziells M. D. or other
a partial and the	23. SIGNATURE O COLLEGE BUILD
19 Walled 6 19 4 5 Woolfald Walter (Date rec'd by registrar	M. J. or other
(Date rec'd by registrar) Registrar	Address Date sign Date sig



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12/20

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M. D. of other

.Date eigned.

CERTIFICAT	E OF DEATH Reg. Dist. No. 233
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Sexuale a.a. Mudane	MEDICAL CERTIFICATION 20 DETEROF DEAT SAME SAME SAME SAME SAME SAME SAME SAME
6.(b) Name of husband or wife LOQUICA LOCALILL AD COLUMN STATE OF THE	21. I CROTIFY that death occurred on the date above stated; that lattended deceased from 10/ 10/ 10/ 19/ 19/ 19/ 19/ 19/ 19/ 19/ 19/ 19/ 19
8. AGE: Years Months Days If tess than one day	Immediate cause of death DURATION
9. Birthplace II Revision (Town, county, and state) 10. Usual occupation I was helpful.	Due to. Due to. Due to. Due to.
11. Industry or business Alexander Lands 12. Name Alexander Lands 13. 81rthplace Quantum Lands 13. 81rthplace Quantum Lands 14. Lands 14	Other conditions
14. Maiden name Matha Stable 15. Birthplace allen and	(Include pregnancy within 8 months of death) Major findings of operations
16. Interment MAS alone Fund	Autopsy results
17. (Burial, cremation, or removsl. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or cramatory M.L. La Duray Location J. Again Lange of fig.	Where did Injury occur? (City or town) (County) (State) Injured at home, farm industry, public place (where?)
18. Funeral director farmes the Aluvant	Meens of Injury Injured at work?

Address.

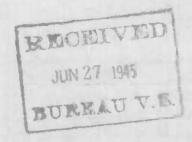
VS A15

PLEASE WRITE

Address

(Date reo'd by registra

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 770-6

CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.		
County Carrier	(For newborn infants give residence of mother)		
(If oyiside city or town limits, write RURAL and give nearest town)	State County County		
How long in above place of death?	(if outside city or town limits write RURAL and give nearest town)		
Juneaus Lineal Hazartas	Street No.		
How long in hospital or institution?	(If rural, give LOCATION)		
3. (a) FULL NAME			
Roman Clapley Davis	3. (b) Social Security Number		
4. See 5. Color or race 6.(a) Single marrie, widowed, or divorced	MEDICAL CERTIFICATION		
Male Mit Dine			
7,000	2U. DATE OF DEATH		
8.(b) Name of husband or wife			
7. Birth date of	19		
deceased (mo., day, yr.) Leey 15 1917	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
33 4 8	Taglica & Color		
1 7/	jus peemen		
9. Birthplace	Due to		
10. Usual occupation of A Samplayee			
11. Industry or business	Due to		
KI -1 40			
12. Name Value Val	Other conditions		
KI 21 1	(Include pregnancy within 8 months of death)		
E 14. Maiden name	Major fiudings of operatious		
E 15. Birthplace , y g ,	Date of op.		
16. Informant. Alexantes descres	Autopsy results.		
Address Lower Sile.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
13.11.1	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide Alecelleut Date of 6/60/45		
Cometery or crematory accusations at a	Where did Injury occur? Near Preces any Somewith med		
miller delate	(City or town) (State)		
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Means of Injury and accedent Injured at work?		
Address Hederaldrike, ma.	to by Su touted my		
6/94 115 400 40 001	22. SIGNATURE. M. D. or other		
(Date roe'd by registrary)	was to an a solar not a constant		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

(16442) Reg. Dist. No. 233

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infinits give residence of mother)
City or town	State County County
How long in above place of death? 25 years	(If outside city or yown limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	103 Chem I elser
105 thery see	Streel No. (If rural type LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John J. Dolan	o. (o) because steeling stander
4 Sel S. Calor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH June 16 # 1945 10 P.
C (I) Nove of brokend or ville	21. I CERTIFY that tighth occurred on the date above stated; that I allended deceased from
6.(b) Name of husband or wife	19 4 3 19 to Jack 16 1841
7. Birth date ot Sc.(c) If alive, give age years	and theil I last saw h. An alive on
deceased (mo., day, yr.) VLC. 20-18/2	Immediate cause of death
8. AGE: Years Months Days If less than one day	Class of Dans and C. Ti-
72 3 2/hrsmin.	The state of the s
Pationsville and	
9. Birthplace (Town, county, and state)	Oue to
10. Usual occupation Engineering aret,	
10.115 111:0 doch	Oue to
11. Industry or business	
12. Name. Paluela Colar 13. Birthplace Island	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Pour Bynne. 15. Birthplace	
S 15 Pidhahaa / Indand	Major findings of operations.
Ma Maria Dais	Oate ot op.
16. Interment	Autopsy results.
Address Salutury Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busiel June 19-199	22. VIOLENCE: II dealh wae due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Dale thereot (month) (day) (year)	Accident, euicide, or homicide
Cemetery or semantic Cuttedian Cusa.	Where did injury occur?
atomielle manyland	Injured al home, tarm, industry, public place (where?)
Location Control of the Control of t	Meane of Injury Injured at work?
18. Fanetal director 4. Factor A. Buch	means of injury
Address Salislan mangland	James M.D.
1114 hus sell Ann	23. STONATURE M. D. or other
19. Date reg'd by registrary Registrar	Address Johnshun hur Date signed 6/18/43-
	The state of the s

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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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CERTIFICAT	E OF DEATH Reg. Dist. No. 33.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn infants give residence of mother) State. County County County (If outside city or town limits, write RURAL and give nearest fown) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Dorightiggs	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Live Vite Augo 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
	19
7. Birth date of ///////////////////////////////////	and that I last saw halive on
8. AGE: Years Mooths Bays It less than one day 29 hrs. min. 9. Birthplace (Town, coooty, and atate) 10. Usual occupation School gard 11. Industry or business	Immediate cause of death OURATION Cuts in auto acculum 6 are, Oue to.
12. Name Torque Toque 13. Birthplace Man Canal	Other conditions
14. Maiden name Sattable Rysley 15. Birthplace M Bay Sand	(Inclode pregnancy within 8 mooths of death) Major findings of operations.
16. Informant Mr Seo W. Friggs Address Swew Well. Md Runal # 2	Autopsy results
11. Published Date thereof Angle (Boylai, cremation, or removal, Which?) Cemetery or crematory Manual Company (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. A suicide to the su
Location Smort Colley Turnel	Injured at home, tarm, industry, public place (where?) . Highway wolf
18. Funeral director Afdende Janamas	Means of Injury Cents according Injured at works to
Address Juon Nill My	23 SIGNATURE The f. Tilly Dep. mis Excur
19. (Date reced by registrar) 19 d/6 Hassiel Eighthan Registrar	M. D. or other



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

4			ry	Ä	,
Reg. Dist.	No	3.3	3	5	
EASED:					

11611

1. PLACE OF DEATH: V	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Trefue	Ind . Har
City or town	State County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death odourred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single/narried, widowed, or divorced.	MEDICAL CERTIFICATION
If white widow	20, DATE OF DEATH. 2/ 19.95 at /-37AM
Thomas Flateber	21. I CERTIFY that death occurred on the tage above stated; that inditended deceased from
8.(b) Name of husband or wife	Ne 1946 10 Jane 21 1945
7. Birth date of	and that I last saw her alive on James 2/ 19/5
deceased (mo., day, yr.) \au 14 -1868	Immediate cause of leath DURATION
8. AGE: Years Months Days If less than one day	acclusion / whom
9. Birthplace (Town, county, and state)	Due to Type fer lever SM / say
1D. Usual occupation. House work	Due to
11. Industry or business	
	Biber conditions Orchaf/Kemorlege Web 1944
12. Name Henry St. Vhilly St. 13. Birthplaco Del.	
4/14 //	(Include pregnancy within 5 months of death)
14. Malden name	Major findings of operations.
≥ 15. Birthplace	Date of op.
18. Informant theury telephone	Antopsy results
Address delle Coris I Counder 1. J.	22. VIOLENCE: It death was due to external causes, fill in the following:
17 Burial Date thereof 6 24-1945	Accident, suicide, or homicide
(Bnrial, cremation, or removal. 1111/10?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Sharflown	Injured at home, farm, industry, public place (where?)
12 Enough diseases Trabellar Bross	Means of Injury Injured at work?
18. Funeral director.	N= 2/0/1 120
Address Chargerine	23, SIGNATURE
10 few 2 2 19 45 Walls 4 Marie Registrar	I certains the signed gertus
(Date rec'd by registrar) Registrar	Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

06445

Reg. Dist. No. 333

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Widograpico	(For namborn inferts give residence of mother Corrulo
City or fown	State. State. Sound Correction
How long in above place of death?	City or town
Mospital, Institution, or street address where death occurred:	0 11 6 14 64 11
Vennoula Guesal Nosfella	Sireel No. (If rurai, give LOCATION)
How long in hospital or institution? 11 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Lucy Fowler.	S.(o) Security Hamsel
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale W manuel	20. DATE OF DEATH. June 27- 19 45 21 8 Q M
Rester K Fimler	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife	UC 4 27 W
7. Birth date of 9. 6.(c) If alive, give age years	and that I last saw h = alive on June 27 19 45
deceased (mo., day, yr.) July 13-1881	Immediate cause of death
8. AGE: Years Months Days If less than one day	A A A A A A A A A A A A A A A A A A A
3/ // // min.	Cerebral Hemosthage 48 hours
9. Birtholace Milmile G. md	Due to
Town, county, and state)	Hypertensive Cardio- 37
1D. Usual occupation.	mate Voscular Discool
11. Industry or business of all John	
12. Name Edward J. Morre	Other conditions Dialetes Mellitus ??
12. Name Clivard Thirty	- Diaketic Langueur
	(Include pregnancy within 3 months of death)
14. Maiden name Theodosia Birm 15. Birthplace Wiles. C. Med	Major findings of aperations.
El 15. Birthplace	Dale of op.
18. Information Belle IT To There	Antopsy results.
Address 103 Jim st. Salisbury Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buil Bate thereof Juny 29-43	29. VIOLENCE: If death was due to external causes, fill in the following;
(Buffal, cremation, or removed Wbich?) Date thereof (morth) (day) (year)	Accident, suicide, or homicide
Cemelery or comalory	Where did injury occur?
Location Saluting Mg.	Injured af home, farm, Industry, public place (where?)
Itellmand Walter b Hallen	Meens of Injury Injured 21 work?
Address Salating Man land	
Address facility may canel.	23. SIGNATURE Trues Hauson, 8n. D.
19 6 /87 19 116 - Lagge 1 2, Joh	M. D. or other
(Date rec' hy retriet in)	Address Saustury, 1/1 Date stoned

JUL 7 1945
BUREAU V.S.

Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

should state

20. FILED / 7 , 19 45 felliam A. Davis (Signed) Thurk J. Serves M. E.	STATE OF MARYLAND—	CERTIFICATE OF DEATH U6446
Village or City Pittavilles M	1. PLACE OF DEATH	(Rica)
Langth of rasidance in city or town where dasth occurred to the state and number) Langth of rasidance in city or town where dasth occurred to the state and number) 2. FULL NAME MOVID ADDRESS AND STATESTICAL PARTICULARS (a) Residence: No. (Usual place of abods) PERSONAL AND STATISTICAL PARTICULARS 3. EX 4. COLOR OR RACE (B. DIVORCE) (SINGLE, MARRIED, WIDOWED (War) SANYER, BOOKERS (War) (War) 1. HER EBY CERTIFY That I attended deceased from (Cry) will a control of the state stated above, at the state of the		Registration Dist. No. 332
2. FULL NAME MATCH Solling Street Str	Village or City Pittsville md.	
2. FULL NAME MORITUA Sollaw Grawy (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 25 SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORED (super the word) THORTICAL 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I strended deceased from the date stated above, and the stated	sie an Call i di	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		
4. COLOR OR RACE S. SINCLE. MARRIED, WIDOWED OR DIVORCED (white the word) White of White o		
Timely White OR DIVORCED (currie the word) So. If married, widowed, or divorced HUSBANO (cr) Wife of R. Thelmy S. DATE OF BIRTH month, day, and year of finding the second from the second f	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND OF (or) WIFE of (or) WI	Female White Married married	21. DATE OF DEATH (Month) (Day) (Year)
TAGE Years Months Oays II LESS than 1 day,	HUSBANO of A Q Q	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. Trade, profassion, or particular ware as follows: Rind of work done, as SPINNER, Thousand Librath. 9. Industry or business in which work was done, as SPINNER, Thousand Librath. 10. Data decessed last worked at this occupation groups and year). If the decessed last worked at this occupation groups and year. 11. Total time (years) years and years of the decessed last worked at this occupation. 12. BIRTHPLACE (city or town). What Bharalla. 13. NAME BARAC (Print) 14. BIRTHPLACE (city or town). Particular was decessed and an experiment of the decessed and an experiment of the decessed and t	DATE OF BIRTH (month, day, and year)	I last saw h. el alive on 6-15-45 /19 ; death is sale
8. Trade, profassion, or particular ind of work doms, as SPINNER, House I work doms, as SPINNER, However, Howev	7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
Note was done, as SILK MILL, SAW MILL, BANK, etc.	9 Trade profession or particular	- United to the set
Other Contributery Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME GARAC Uncitt. 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place INCOLOR Place INCOLOR (Address) 19. UNDERTAKER (Addiass)	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	
13. NAME GALAC (city or town) Pittiville: 14. BIRTHPLACE (city or town) Pittiville: 15. MAIDEN NAME COUNTY) 16. BIRTHPLACE (city or town) New Management of the success	10. Data deceased last worked at this occupation (most) and year)	Other Cautribatery Causes of importants.
13. NAME BARAC Uncitt 14. BIRTHPLACE (city or town) Billiologian 15. MAIDEN NAME 16. BIRTHPLACE (city or town) NLAK Millologian 16. BIRTHPLACE (city or town) NLAK Millologian 16. BIRTHPLACE (city or town) NLAK Millologian 17. INFORMANT 17. Free 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. Was disease or injury and was related to occupation of deceased? 19. UNDERTAKER 19. Under		
Name of operation	The state of the s	
What test confirmed diagnosis? Church Was there an autopsy 223 15. MAIDEN NAME (City or town) NLOK Milloford (State or country) 16. BIRTHPLACE (city or town) NLOK Milloford (State or country) 17. INFORMANT F. F. Heling (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place Shall simple (Addrass) 19. UNDERTAKER Milloford Waller Mallor (Addrass) 19. UNDERTAKER Milloford Waller Mallor (Specify city or town, country and State) 19. UNDERTAKER Milloford Waller (Addrass) 19. UNDERTAKER Milloford Waller Mallor (Signed) 19. UNDERTAKER Milloford (Signed) 20. FILED (Signed)	13. NAME BALLE UKLUL	7221
15. MAIDEN NAME AND Brillingsam: 16. BIRTHPLACE (city or town) Neak Millobord: (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Internation, Oate (Address)	(State or country)	Name of operation
Whara did injury occur? Italiant Maria did injury occur? Specify city or town, county and State) 17. INFORMANT F. F. Freeny (Address) Tittable Maria State) 18. BURIAL, CREMATION, OR REMOVAL Place Share Lemitary Oate Maria T, 19 His Nature of injury 19. UNDERTAKER With Portrard Wells (Address) Tittable, mg. 19. UNDERTAKER With Portrard Wells (Address) Tittable, mg. 19. UNDERTAKER With Portrard Wells (Address) Tittable, mg. 19. UNDERTAKER With Portrard Wells (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 11 so, specify (Signed) Maria County and State) (Specify city or town, county and State) Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. so, specify (Signed) Maria County and State) (Specify city or town, county and State) Specify city or town, county and State) S	This is	
Whara dld Injury occur? Italiant (Specify city or town, county and State) 17. INFORMANT F. Treeny (Address) Titable M 18. BURIAL, CREMATION, OR REMOVAL Place Share Lemitary Oate Mall T, 19 H. 19. UNDERTAKER Was borned Wells (Addrass) Titable; mg. 24. Was disease or injury in any way related to occupation of deceased? 18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of Injury Cleridantal falls Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 18. Specify (Signed) Mannar of Injury Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place Share Lamber of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 18. Specify (Signed) Mannar of Injury (Signed	IS BUTTURE ASS CALL AND NO. W. W. W. W.	
Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Industry Oate Industry, 19th Nature of Injury 19. UNDERTAKER With Photograph (Address) (Address) (Address) (Signed) (Address) (Signed) (Sign	(State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Shall cemiling Oate June 7, 19#5 19. UNDERTAKER Wime Honord Wellst (Addrass) Tilliall, md; 24. Was disease or injury in any way related to occupation of deceased? 11 so, specify (Signed) Mannar of Injury Clercidental fall. Nature of Injury (Signed) Mannar of Injury (Sign		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Wim: Portrard Wellst (Addrass) Tilling: ma: 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Thurst Contract M. 1	18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury - Cleridental falls
20. FILED 6/17, 19 45 fellian A Davis (Signed) Frank Jenus M. 1	19. UNDERTAKER Wim Howard Wellst	24. Was disease or injury in any way related to occupation of deceased?
	6/12 15 1:00 - 100.	Mr. bwolf

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis 7 1945	3 days ago	
		PUREAU Y.		
Other contributory causes of importance:		Other contributory causes of importance:		
Callstones ~	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9 CERTIFICATE OF DEATH

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· /	Reg. Diat. No.
1 PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (1f outside city or fown limits, write RUSAL and give nearest town) How long in above place of death?	Cliy or town
Venimula General Haspital	Street No
How long in hospital or institution?	2.(a) It veteran, name war
Graham, nu Willeam A.	3. (b) Social Security Number
Mele white S. (a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. 1945 21 /3/0
6.(b) Name of husband or wife	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate case of death DURATION DURATION
9. Birthplace	Due to
1D. Usual occupation	Due to
12. Hame	Other conditions May 18 Met Real Parties
14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Hilla Evan	Antopsy results
17. (Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory.	Where dld injury occur?
18. Funeral director. Sharplour	Means of Injury thijured at work?
19. (Date registrar) 18 4 6 - Bassie 1 20 Begistrar	23. SIGNATURE M. D. or other,



PLEASE WRITE PLAINLY, VITY UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

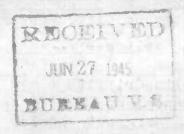
2411 N. Charles St., Baltimore B.

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D	2.5	-

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Wicomico	State Maryland County Caroline
City or town Sallsbury, Maryland (If outside city or town limits, write RURAL and give nearest town)	•
How long in above place of death? Since Jan. 5, 1944	City or town Denton, Maryland (If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	
Eastern Shore Tb. Sanatorium	Street No
How long in hospital or institution? Since Jan. 5, 1944	2.(a) If veteran, name war. No.
3. (a) FULL NAME	3. (b) Social Security Number
Dolores Estella Griffith	141-16-6215
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE DF DEATH June 11 145 at 8:45a m
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/5/45 19 19 19 19 19 19
7. Sirth date ofyear	and that I last saw h.C.T. affive on 6/11/45
deceased (mo., day, yr.) March 18, 1923	Immediate Canse of death
8. AGE: Years Months Days If less than one day	Colmonary Truberculous
8. Birthplace Baltimore City, Maryland (Town, county, and state)	. Due to
1D. Usual occupation Waitress	
11. Industry or business	Due 10
	-
12. Name Olin Griffith 13. Birthplace Maryland	Dther conditions
14. Maiden name Margaret Wheeler 15. Birthplace Maryland	(Include pregnancy within 3 months of death)
15 Richards Maryland	Major findings of operations
	- Date ot op.
16. Informant Olleaned	Autopsy results
Addrage	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Bured Hame 14-45	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or reportal, Which?) Date thereot (more) (day) (year)	Accident, suicide, or homicide
Cemetery or compatory Calledan Cara	Where did injury occur?
Batterede Maryland	The Court of the C
Location Control of the Control of t	tijured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Salely Maryland.	Taul 4 1/10
6/11 JUL Maciato Dan	23. SIGNATURE M. D. or other Address Salisbury, Md. Bate slened 6/11/45
(Date rge'd by registrar)	Salisbury, Md. Bata signed 6/11/45



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/2)



CERTIFICATE OF DEATH

U6449 ★ Reg. Diat. No. 4+ 336

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pegwborn infagts give residence of mother)	
City or fown	State County County	•
How long in above place of death?	City or lown	st town)
Hospital, Institution, or street address where death occurred:	Street No. 500 Exectment	
500 Chaffand 8t.	(If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	***************
3. (a) FULL NAME Eslith May Ha	3. (b) Social Security No	umber
4. Sex 5. Color or race 6.(a) Single, married, widower, or divorced Terrale Athile Series	MEDICAL CERTIFICATION 20. DATE DE DEATH. 19.45	84
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decease	
7. Birth date of	13 13 4 5 10 12 2 mm Z	19.44
deceased (mo., day, yr.) — 1864	and that I last saw h alive on	DURATION
8. AGE: Years Months Days It less than one day	ammediato cause of scatt	2 hory
8/hrsmin.	f f	
9. Birthplace (Town, county, and atate)	Due to Channe Milling	324
1D. Usual occupation.	Due jo holim deliman	s"Zm
11. Industry or business		
12. Name Cs And	Dither conditions	
14. Malden name Day Description 15. Birtholace Secretary Co. — Leel	(Include pregnancy within 8 months of death) Major findings of operations.	
\$ 15. Birthplace Sungley Co- Leel		
16. Intermant	Antopsy results	tistically.
Address Delma Lorf	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Burial, eremation, or removed. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	******************
Cemetery or crematory.	Where dld injury occur?	State)
Location Dellas Levi	Injured at home, farm, Industry, public place (where?)	
18. Funeral director A S. Samuel Co	Means of Injury Injured at work?	
Address Lelman Lelgune	23 SIGNATURE ATT. F3 nol-	
(Date rec'd by registrar) 19.45. Harry Edudan Registrar	Address Palmas Pal Bate signal	30 45



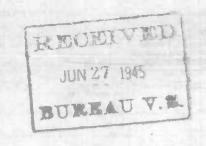
PLEASE WRITE PLAINLY, WITH ONE is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-8)

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CERTIF	CICALE OF DEATH Reg. Dist. No. 333
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Control D	(For newborn infants give residence of mother)
City or town (Il outside city or town limits, write RURAL and propries to	State Mary County Williams O
How long in above place of death? Says Myster	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, tastitution, or street address where death occurred:	Street 1823 Race ST
2 Soma Dun	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH June 5 1945, 31 9.10A
6.(6) Hame of husband or wife Beulah Jolle H Jone	21. I CERTIFY that death occurred on the date above stated; thet lettended deceased from
7. Birth dale of deceased (mo., day, yr.)	and that i last saw have allye on 6/5/44 19
deceased (mo., day, yr.) 3 2 , 8 9 3 8. AGE: Years Months Days It less than one day	Immodified cause of death
	min. Julimonary fulrentosia unknow
8. Birthplace	Due to.
1B. Usual occupation	Due to
11. Industry or business	
12. Name Will Jones 13. Birthplace Man Rand	Dther conditions.
13. Birthplace Mary Rand	
	(Include pregnancy within 8 months of death)
14. Malden name. Strine Cittle ton 15. Birthplace Wangland	Major findings of operations.
18. Informant deceased on a discuss	Date of op.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 71	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, eremation, or prinoval, Which?) (Burial, eremation, or prinoval, Which?)	773
Cemetery or cremate titleton Cemetery	Where did injury occur?
Location P.D. Sality med Out The	(City or town) (Connty) (State)
18. Attelleng & Co. / Walter & Hell	Maen's of injury Injured at work?
Address Saluthy may land	0 (V-0 Coss.
6/4/26-400170	23_SIGNATURE
(Date red d by remarker)	On by Wed of



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Urcomes	11 70000
(if outside city or town limits, write RURAL and give nearest town)	State Mary Land County Wicomico
How long in above place of death? all the	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
at Home, Fruttand, Md	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Rose Mario Jones	o. (v) bottas betarry rumber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Femala aa baba	
remale I all baby	20. DATE OF DEATH 6-22 19.45 at 6 a.M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
	19 to to find to
7. Birth date of deceased (me., day, yr.) 2 - / - 45	and that I jast a set it alive of the set it is a set in the set i
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
3 20hrsmin.	acute Jelmurting 12 long
2	for the production
9. Birthplace Thursday Lucamico Co, Md. (Town, county, and state)	Due to.
18. Usual occupation	
11. Industry or business	Due to
12. Name Herbert Jones 13. Birthplace Scotland neck, North Carolina	Other conditions
13. Birthplace Scotland neck North Carolina	
14. Maiden name aline Neals 15. Birthplace Wundell North Carolina	(Include pregnancy within 3 months of death)
15. Birthplace Windell North Carolina	Major findings of operations.
11	Date of op.
16. Informant Newbert Jones	Autopsy results.
Address Fruetland, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burlal, cremation, or removal, Wbich?) Bate thereot. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: 20
Cemetery or crematory Mt Clivet Cometery	
2	Where did injury occur?
Location Trustand Mary Land	injured al home, farm, industry, public place (where?)
16. Funeral director ames T. Stewart	Means of injury Injured at work?
Address 402 E. Church St. Salsbury Md	Alex medial & weens &
6-12. W- Hazi A 9.00%	23. SIGNAPORE M. D. or othogy
(Date reed by registrar)	Address Hollobuy he Date signed 5/29/45
. /	

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STORY AND ADDRESS OF THE RESIDENCE

JUN 7 1945

BUPEAU V.S.

UNFADING INK. Supply every item of information carefully. The correct age rtant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45.0

CERTIFICATE OF DEATH

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Liconics	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary Land. County Workston
(If outside city of townshints, writed ICEAL and give nearest town)	City Coutside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Poutside city or town limits, write RURAL and give nearest town)
Solidary Parameter advises where death occurred.	Streel No.
	(If rural, give LOCATION)
How long In hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male rulite wildward	
20120	20. DATE OF DEATH 19. 45 21. 7/8 M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7/19 1845 10 6/3 1845
7. Birth date of Second (mo. day, yr.) 78-1868	and that I last saw hand alive on 6/3
Application (Mari and Live	Immediate cause of death
8. AGE: Years Months Days If less than one day	Co de la
74 4 3hrsmin.	accent of month luke
9. Birthplace (Fown, county, and state)	Due to.
10. Usual occupation	Due to
11. Industry or business	
12. Name Sees To Jones	Other conditions
12. Name	
E unan 20 Clavell	(Include pregnancy within 3 months of death)
E 14. maiden name	Major findings of operations
15. Birthplace Food.	Date of op.
Wallie Garage	
16, Informant	Autopsy results
Address Ruel Pocossohe Ford.	
17 parial Dale thereof Own 5, 19 95	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Dale thereof (mont) (day) (year)	Accident, suicide, or homicide
Cemetery or cremator Toolsiell Constitute	Where did injury occur?
Constitution of Constitution o	
Location Russ Occasion 7119	Injured at home, farm, industry, public place (where?)
18. Funeral director Mangaretts Well attor	Means of injury Injured at work?
Address & ocoporte (ily mg	23. SIGNATURE 14. 11. CCG
" 6/5 W/6 Bassite Ca	M. D. or other
(Date rec'd by registrar)	Address Date signed 0/4/43-

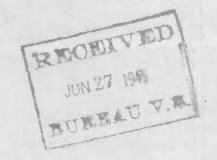
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CERTIFICATE OF DEATH

2	2411 N. Charles St., Baltimore /3/2
CERT	TIFICATE OF DEATH Reg. Dist. No 3.3.3.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State
How long in hospital or institution?	
3.(a) FULL NAME CORA A. I	Lember 3. (b) Social Security Number
4. Sex 5. Color or rage 6.(a) Single, married, widowed, or d	MEDICAL CERTIFICATION
gemale I me I frank	20. DATE OF DEATH 1945 of 1945 of 1945
6.(b) Name of husband or wife	LEAST TO FRITTY that death occurred on the date above stated; that I stlended deceased from
7. Birth date of deceased (mo., day, yr.) 744. 16-1870	and thet I last saw have all ve on 1943
8. AGE: Years Months Days If less than one day 6 26hrs.	Immediate cause of death OURATION min. Destruction
9. Birthplace	Due to.
10. Usual occupation	Oue to
E 12. Name Slove ashlo	Other conditions Chronic Myuntiles
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Office Policiane Chica	Major findings of operations
16. Informan M. / Cleinhe	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, cremation, or reason, Which?) Bate thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Markan	Where did injury occur?
18. Fureral Mector gross //- Co. Waller /	The beared injury Injured at work?
Addressalily md.	A. E. Lecates
19. 6 / 16T 19. 046 Hassiet	Legistrar Address Places Ol Bate signed 4/4 5

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correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

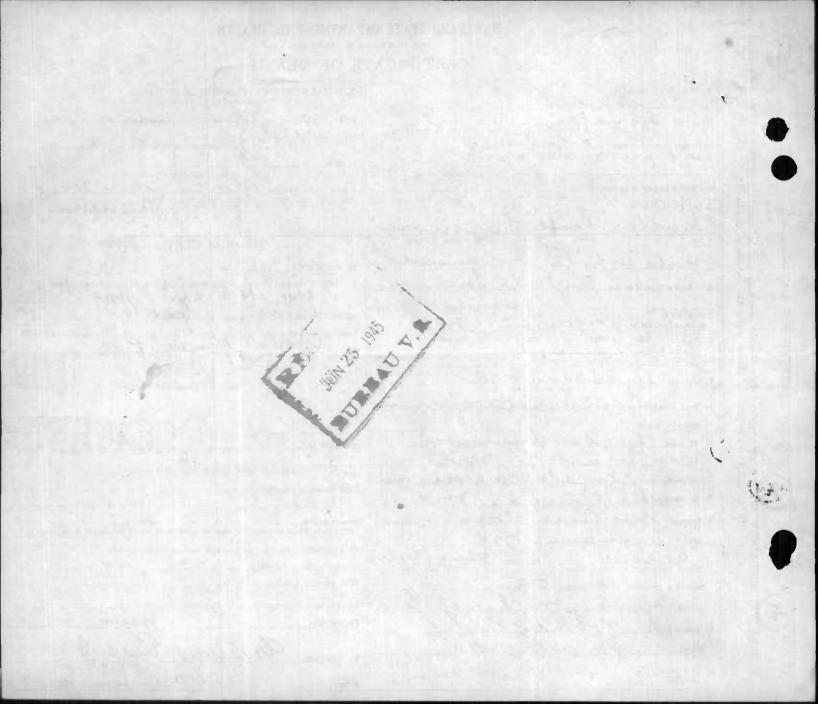
2411 N. Charles St., Baltimore 940

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CERTIFICATE OF DEATH

Reg. Diet. No. 337

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town	State. Maryland County Weromes
How long in above place of death?	City or town (If obtside city or town limits, write RURAL and give nearest town) Sireet No.
	(If rural, give LOCATION)
How tong In hospitat or Institution?	2.(a) It veteran, name war Les ould Wav no.
tharles and Larmon	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH June 10 19 45 at 1.40 P.M
6.(6) Name of husband or wife Sylvia Jamose	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
7. Birth date of	and that I lost saw h. Allen alive on June 9 - 19 43
deceased (mo., day, yr.) The cary 2 2 - 18 9 6	Immediate cause of death
8. AGE: Years Months Days It tess than one day	coronary My war Cosis
9. Birthplace Ly askam, Tod. (Town, county, and state)	Due to
10. Usual occupation Prostmaster & James	Due to
11. Industry or business	
12. Name Charles Lamore 13. Birthplace Lyashin, md.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Elinalvette Donnan 15. Birthplace Baltinose, md.	Major findings of operations.
18. Interment Mrs. Red Lauroce	Date of op.
Address Inaslam, md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, eremation, or removal. Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location In askin m. church tene.	(City or town) (County) (State) Injured at home, tarm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Bainelne Md	do Ilicens Enericle
1 Dal de Bol H	23. SIGNATURE Willed Order
(Date ree'd hy registrar)	Address Helvor Behate signed June 11-4



M. D. or other Date signed.

F	DEATH	Reg. Dist. No. 3.3
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State Delayease Coun	y Dussey	,
City or town Slovatows (if outside city or town limits,	write RURAL and give n	earest town)
Sizel No. (If rural, give l	***************************************	1
2.(a) If veteran, name war	***************************************	V
	3. (b) Social Security	Number
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH. Orma	07- 1945	- 344
21. I CERTIFY that death occurred on the date abov		Held Concession
6/18	6/2	27 1945
and thet I last eaw harman. Alive on	m 2 9	1943
Immediate cause of death		DURATION

/ conflyer		Kes
Due to		
Chr. Mypale	all to	lest
Due to		<i>.</i>

Dther conditions		
(Include pregnancy within 8 m	onths of death)	
Major findings of operations.	*******************************	
	Date of op,	
Aatopsy results	ch death should be charge	d statistically.
22. VIOLENCE: If death was due to external caus	es, fill in the following:	
Accident, suicide, or homicide	Date of	•••••••
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (who		
Means of Injury	Injured at work?	
' 11	1/1/1	

JUL 7 195 BUREAU V.S.

	AND—CERTIFICATE OF DEATH 06456
1. PLACE OF DEATH	(F) 2)
County Wicomico	Registration Dist. No. 333
Village or City Dalisbury	No. Terrandulade was abt Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredy	rs,mosds. How long in U.S. if of foraign birth?yrs,mosds.
2. FULL NAME Baby LeCates (nat ramed) If U. S. Veteran, specify WAR
(a) Residence: No. Blades	Susset, St. Del, Ward.
(Usual place of abo	
PERSONAL AND STATISTICAL PARTICUL	LARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (w)	
5a. If marriad, widowad, or divorced HUSBAND of	22 A LUEDERY CERTIFIC THAT AND A STATE OF THE STATE OF TH
(or) WIFE of	1 HEREBY CERTIFY. That I attended decaased from
6. DATE OF BIRTH (month, day, and yaer) 6 - 4 - /	945 - Wast saw h Lon alive on Dure 15, 19 K death is said
	If LESS than to have occurred on the data stated above, at
	tay,hrs. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trada profession or particular	Date of onset
SAWYER, BOOKKEEPER, atc.	DRONCHO- Neurous
work was done, as SILK MILL.	
	/8ars)
this occupation (month and spent in type year) occupation	this n
12. BIRTHPLACE (city or town) Salesbury	Other Contributory Causes of Impertanca:
(Stete or country)	ad Ateria
13. NAME ROLT LLeCate	ei i
13. NAME A L L L L L L L L L L L L L L L L L L	A Name of operation Date of
(State of country)	What test confirmed diagnosis? Quito PSY Was there an autopsy? 440
15. MAIDEN NAME Tothleen Jo	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) 2 e of ord	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mgs. Oliver Lay (Address) 19 lades, Wil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, SR REMOVAL	Manner of injury
Place Date 6/1	/
19. UNDERTAKER medford L. Hat (Address) & Ford / Dil	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED 6/15 19 0/6 - Haggieto	E. Strong (Address) Salesbury Ma
If more blanks are needed, address	s State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER S'	TATEMENTS BY PHYSICIAN
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The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore Bf.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants over residence of mother)
County August 100 County Count	State RAL County Miconaid
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Inlindamy
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
105 Cherry A1.	Street No. 30 4 Mindle (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Glera Vance	no Cully
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mule Ahite Single	20. DATE OF DEATH JUSE 7V 19 V5 at 1/130 Am
6.(b) Name of husband or wife	21. I CERIFY that death occurred on the date above stated; that lattended deceased from
0 (2) 16 21/2 21/2 21	Gune 18 1945 to June 22 18 43
7. Birth date of	and they I last saw h Att Menive on June 2/1 19.43
8. AGE: Years Months Days If less than one day	Immediate cause of death
(09 0 19hrsmig.	Mesua
	Orter seed it is a love and
9. Birthplace (Town, county, and state)	Oue to the state of the state o
10. Usual occupation Laintto	
11. Industry or business	Due to
12. Namo Shirsilf Sert Me Cally	Other conditions.
13. Birthplace Maney Persy.	
14. Maiden name Mulaut Miller	(Include pregnancy within 3 months of death)
15. Birthplace Thuring Hate, terra.	Major findings of operations
h of many,	Date of op.
18. Informant	Autepsy results
Address Alle Must, 120	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crementary Abilipping	Where did Injury occur? (City or town) (County) (State)
Phillips late Costa Co Ho	Injured at home, farm, Industry, public place (where?)
Location Made And Management And Man	Means of Injury Injured at work?
18. Funeral director	
Address Salichnily, M.	DIS STONE THE PARTY OF ME SON OF STONE STO
19. 6/2H, 1946 Hagged E. D.	M. D. or other
(Date rec's by registrar) Registrar	Address Satisfy Med Date signed 6/4/45

RECEIVED

JUL 7 1945

BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

(Date reg d by registrar

1 19 016

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06458

CERTIFICATE OF DEATH

1. PLACE OF DEATH REONILS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fants give residence of mother)
Ashelm	State Ma D A & County /2 Come to
(If outside city or town limits write PURAL and give nearest town)	City or town Ashery
How long in above place of death? How long in above place of death? How long in above place of death?	(If outsidecity or town limits write RURAL and give nearest town)
11 D. F. 4. M. Herman Road	Street No. 77 774 774 774 774
the total break a beautiful.	(If rural, give LOCATION)
How long in hospital or institution?	2.(d) If veleran, name war
3. (a) FULL NAME James More	3. (b) Social Security Number
4. Sex 15. Color or rate 16/0) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH MEDICAL CERTIFICATION 1945 330 P
6.(b) Name of husband or wife OLa Moure	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) death, 19-1895	and they last saw have alive on 19/15
8. AGE: Years Months Days I f less than one day	Immediate cause of death OURATION
hrsmin.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to.
11. Industry or business Ohn Fam	
12. Name Wegustus Mossis 13. Birthpiace Wiles. G. Ind	Other conditions
14. Malden name Corclelia Morris	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthpiace Naclo. G. Med	Date of op.
16. Informan Mus. Gla Moure	Autonsy results.
Address P.D. # 4. Sality Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Dun 21-42	-22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or cramatory fale - mem. Park	Where did injury occur?
Ablita man fand	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Location The land of the letter of the land	Means of injury Injury Injury
18. Funeral director	Models of injury
Address Salufy mel	Thank Many
11.1.1	23. STONATURE

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JUL 7 1945

BUREAU V.S.

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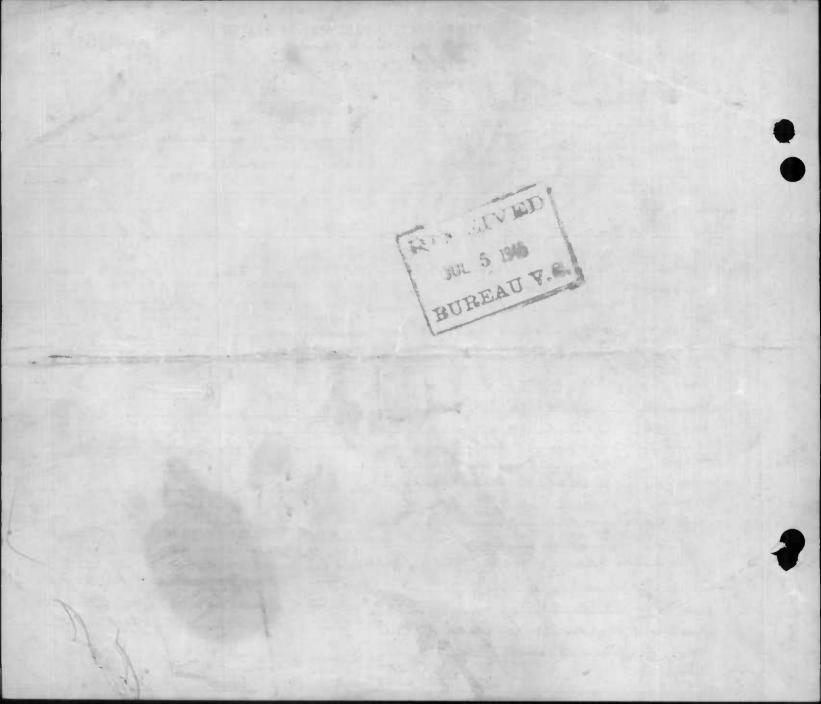
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164-0

CERTIFICATE OF DEATH

★ 06459 ★ Reg. Dist. No. 33)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allelando	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County Wilder
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where greath occurred:	Street No.
How love to beautiful as feetileilen?	(If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war
S. (a) Folk HAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	hast
	MEDICAL CERTIFICATION
male a.a. Single	20. DATE DF DEATH 194V at 700 NM
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give age 224 years	Transver Confession
7. Birth date of deceased (mo., day, yr.) Lucky 1977	and thet I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION DURATION
17 11hrsmin.	
9. Birthplace Quantito med	Due to. Hauging
(Town, county, and state)	L. J.
1D. Usual occupation	Due to
11. industry or business Same as aleque	
12. Name Taymen maning	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name for all the allery	Major fiadings of operations
\$ 15. Birthplace Quantita, mild	
16. Informant Hayman Marie	Autopsy results.
Address Quantita and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof 2 14-1943	22. VIOLENCE: If death was due to external caoses, fill in the tollowing;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide. Dais of
Cemetery or crematory.	(City or town) (County) (State)
Location Tuestilo and	Injured at home, farm, Industry, public place (where?)
18. Funeral director Janus to Sleulast	Meens of Injury / Language Injured at work?
Address I wales heavy and	for Therefor remo:
I are let it moter I be likely	4. D. or other
19 (Date rec'd by registrar) Registrar	Address Daleshary reed Date signed



MARYLAND STATE DEPARTMENT OF HEALTH



06461)
Reg. Dist. No. 333

2411 N. Charles St., Baltimore (70-C) CERTIFICATE OF DEATH

2411 N. Cha	TE OF DEATH Reg. Dist. No. 33
1. PLACE OF DEATH: County City or town. City or	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
Hospital. Institution, or streng address where dealth occurred: How long in hospital or institution? A Company Compa	Street No
3. (a) FULL NAME / Lornad & Palur	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 17. 20.4
\$.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Month Bays It less than one day	and that I last saw h alive on 13
8. AGE: Years Month Bays It less than oad day 18 2 4hrsmir	Tradius Arul 2 day
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to
11. Industry or busingss 12. Name Crucell R. Valuer	Due to
12. Name Duniel K. Valuer 13. Birthplace Combulzs 14. Maiden name Ruth Factorio	(Include pregnancy within 3 months of death)
14. Maiden name Ruth Adviso 15. Birthplace Pallugues 16. Interment Encuell R. Palmer	Major findings of operations.
Address Caculring, and	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, eremation, or removal, Whield) Cemetery or exemetery Cemetery or exemetery Cemetery or exemetery	Accident, suicide, or homicide, facilitation Bate of May 13 (Where did injury occur? Allia (City or town) (County) (State)
Location Carelling Md -	Injured al home, tarm, Industry, public place (where?)
Address Cambridge md	22 SIGNATURE JALL T. Celes Dyb. my Eu
19. (Dato recis by registrary)	Address Super Self My Date signed same 1.7

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JUL 7 1945

BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

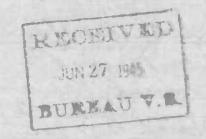
2411 N. Charles St., Baltimore

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Bearing
(131-0V

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH Couoly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of months) Stale
4. Sex 5. Calbor rice 6.(a) Single, married, widowed, er divorced Married 6.(b) Name of husband or wife	MEDICAL CERDIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred en the date above stated; that Lattended deceased from
8. AGE: Years Months Days If less than ene day 9. Birthplace Coupailon. Town, county and state for the coupailon. 10. Usual eccupation. Accounty and state for the coupailon. Town, county and state for the coupailon. 11. Industry or preliness of Caryendar.	Immediate cause of death DURATION Due to Previous C-V-R Due to
12. Name 13. Birthplace 14. Maiden name Elizabeth 15. Birthplace 16. Informant 14. Face 14. Face 15. Birthplace	Other cenditiens
Address 17. Burial, cremation, or conoval. Which?) Cemetery or cramatory Location 18. Feneral director Address	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, er homicide
19. (Date record by registrar) Balance Registrar	Address Salesbury and Date signed \$ 145



VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (372)

CERTIFICATE OF DEATH

06462

	Reg. Diat. No.
1. PLACE OF DEATH: Necomic	2. USUAL RESIDENCE (HOME) OF DECRASED: (For newborn infant) give residence of mother of Comm C
City or town. (If outside city or town limits, write of the Land give nearest town) How long in above place of death?	City or towa (If outside city or towa limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
Now long in hospital or institution?	2.(a) It veteran, name war
	Parrone 3. (b) Social Security Number
Male Didne Tidwer	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 11 45 21 305 PM
6.(b) Name of husband or with Slorgica Cinnu Pans	21. 1-9th TIFY that god hoccurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) PW, 21-1868	and that I last saw h
8. AGE: Years Months Days It less than one day 20min.	Olhouse refinitio UR FMIQ
9. Birthplace	Due to. Hy fertensishin
11. Industry or business Buck macon	Due to
12. Hame Carrie Jane Parrychurg Ma	Other conditions
14. Maiden name Mana Elizabeth of Jang	(Inclode pregnancy within 3 months of death) Major findings of operations
15. Birthplace Mentifying Ma	Autopsy results
Address Parioneling Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or physical, Which?) Denothereot (month) (day) (year)	Accident, suicide, or homicide
Location arthurs Mag.	lnjured at home, farm, industry, public place (where?)
16. Fundral director may o G. Mallan R. Willow	Means of Injury Injured at work?
Address Salully Mary and	23. SIGNATURE Trans Centre M. D. or other
(Date rec'd by registrar)	Address Declaras Pur Date signed 6-12-4-5

RECEIVED

JUL 7 1945

BUREAU V.S.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (if outside city or town limits, write RURAL and give nearest town) 3. (b) Social Security Number

21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from .19 **OURATION**

PHYSICIAN: Please underline the cause to which death shoold be charged statistically.

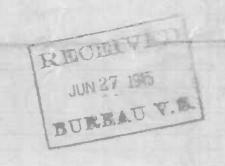
22. VIOLENCE: If death was due to external causes, fill in the following:

(County)

Injured at work?

M. W. or other

-13-KG



important.

1. PLACE OF DEATH:

How long in above place of death?.

How long in hospital or institution? 3. (a) FULL NAME

Cemetery or crematory

18. Funeral dire

Hospital, institution, or street address where death-occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

06464

. 19..... DURATION

charged statistically.

M. D. or other

(County)

injured at work?

CERTIFICAT

E OF DEATH	Reg. Dist. No. 333
2. USUAL RESIDENCE (HOM (For newborn infants give reside State	County Co
Street No	ll, give LOCATION)
	3. (b) Social Security Number
20. DATE OF DEATH	L CERTIFICATION

(City or town)

injured at home, farm, Industry, public place (where?)

Meens of Injury

and to vener	
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Genale white Married	2D. DATE OF DEATH
6.(b) Name of husban of wife ween re g: Robertson	21. I CERTHY that death occurred on the date above stated: that I atter
7. Birth date of deceased (mo day vr.) Tune 17-1882	and that I last saw halive on
about their april 1	Immediate cause of death
8. AGE: Years Months Days If less than one day	Corony
9. Birthplace. Nantiche md.	Due to.
1D. Usual occupation	
11. Industry or business pat Home	Due to
12. Name Attet H. going 13. Birth Blenticope / md.	Other conditions
2 2 2	(Include pregnancy within 3 months of death)
14. Maiden name May K. Parker 15. Birthflice Marticope Md,	Major findings of operations.
16, International J. Robertion	Autopsy results
Address While OHasen med.	PHYSICIAN: Please underline the cause to which death should be
17. (Burlal, cremation, or refflyal, Which?) (Burlal, cremation, or refflyal, Which?)	Accident, suicide, or homicide
(Buttat, Clemation, of Learning, Whiteh)	ans 311.1
14-sale. (Kint !	211 211 0

JUN 27 1945 BURRAU V.S.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore //

CERTIFICATE OF DEATH

(1046) Rég. Dist. No. 3.3.3...

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) State
How long in above place of death?	City or town
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Irving Shockley	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male chite Single	20. DATE DF DEATH. Jane 15 19 45, at 11 0 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that raitended deceased from
7. Birth date of deceased (mo., day, yr.) Tell 22 - 1844	and that Hast saw hi 22 alive on 19.7 J
8. AGE: Years Months Days If less than one day	Immediate cause of death
10 23min.	JRONCHO - Calumana
9. Birthplace	Due to
1D. Usual occupation	Bue to
11. Industry or business	
12. Name Goo, Shockly 13. Birthplace Hiltory Dd	Other conditions
	(Include pregnuncy within 3 months of death)
14. Malden name Gertruse Rounds	Major findings of operations.
14. Maiden name Gertrude Rounds 15. Birthplace Solis below Off	Major findings of operations. Date of op.
18. Informant Ges, Shock les	Autopsy results.
a de	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Solis bury, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory. A. E.	Where did injury occur? (City or town) (County) (State)
Location Relien to tel	Injured at home, farm, Industry, public place (where?)
	Means of Injury / Injured at work?
18. Funeral director W.S. Hand Co.	111 1
Address Delin Ir, Del.	23. STONATURE Timers Nauson M.D
19, 6 (Date ryc'd by registrar)	M. D. or other



PLEASE WRITE

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3-2

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CERTIFICATE OF DEATH

eg. Dist. No. 332

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)
County	m m
(If outside city or town limits, write RURAL and give nearest town)	State County Aland Machander
How long In above place of death?	(If outside city or town limits, write RURAL spd vive nearest town)
Hospital, Institution, or street address where death occurred:	
no.	Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
J. (d) Told HAML	3. (b) Social Security Number
taul le mulh	pont
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a a Married	20. DATE DF DEATH JULE 16 1941 21 3 M
(p++ x . +1	21. I CERTIFY that do not occurred on the date above stated: that I affended deceased from
6.(b) Name of husband or wife	
S.(c) If alive, give age years	Jakel 1 19 10 July 19 45
T. Birth date of deceased (mo., day, yr. 18, 18 6	and that /last saw h. Amailive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
66hrsmin.	Continuity property 511
	www.company.com
9. Birthplace	Due to.
1D. Usual occupation	Moul negocially 1 get
	Due to.
11. Industry or business	Ny Review 744
불 12. Name 1. 1. Dan al assaulta	Other conditions
\$ 13. Birthplace Parmonsleing ma	(Include pregnancy within 3 months of death)
14. Maiden name Mahalus Jushhaen	(Include pregnancy within 3 months of death)
De de service	Major findings of operations.
\$1 15. Birthplace / unaahaling ma	Date of op.
16. Interment of transformation to the state of the second	Autopsy results
Address (Landonshera ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1. 19.19.19.19.19.19.19.19	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burfal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory I Lange Holl	Where did injury occur?
I for a formation	Injured at home, farm, Industry, public place (where?)
3/)	Means of injury Injured at work?
18. Funeral director	1 1/1 200 2
Address Dalislury and	MALLO WILLIAM
6/19 15 Pope A	23. SIGNATURE
19. 19 40 Shall house of the first of the fi	5m 28/11/18/50

JUL 7 1945 BUREAU V.S. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-0

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	1	7	0	7
		-	1	6

*		
Reg. Diat.	No. 333	

	Reg. Diat. No.
1. PLACE OF DEATH: Webnic County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagts give residence of mother) State
How long in above place of death?	City or town (If outside city or town limits, write RVRAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Eva D. Downsen	2. (b) Social Security Number
4. San 5. Polor or race 6.(a) Single, married, widowed, or divorced funds. Married Married	MEDICAL CERTIFICATION 20. DATE DF OEATH 911 1945 2. P. M
6.(b) Name of husband or wife. All B. Dringer B. S.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13. 19.4.5
8. AGE: Years Months Days If less than one day 4 8	Immediate came of death OURATION A fallow Due to
9. Birthpiace	Due to
11. Industry or business 12. Name / Villetim / hellignes 13. Birthplace / hite Husen med	Other conditions.
14. Malden name Estella Piere 15. Birthplace White Hasen Ind	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. January 3. 15.15
Address 13 Winder it. Salisty Mod	Anjopsy results
(Burial, cremation, or redove (Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Locatoriloum Mangland	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Furferai director Address Lalidy Maryland	28. SIGNATURE Parga a Lindon M. D. or other
(Date red d by registrar)	Address Daie signed by 45

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JUL 7 1945

BUREAU V.F

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 d

1		Reg. Dist. No.
	1. PLACE OF DEATH: Dicomico	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
	City or fown	State. The Manual County I Sources County County To Coun
	Hospital, institution, or street address where death occurred:	(R outside city or town limits, write RURAL and give nearest town) Sireet No
	How long in hospital or institution?	2.(a) If voteran, name war.
	3. (a) FULL NAME Sadie E. Punce	3. (b) Social Security Number
11.	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
*	Hemale Colored Widowell	20. DATE OF DEATH June 10 19.45, 215 10 M
	8.(b) Name of husband or wife. A house furne	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7. Birth date of deeperd (me day yr)	and that I last saw h. E.T. alive on
	8. AGE: Years Months Days If less than one day	Immediate cause of death
	6700 5nrsmin.	mitto morned bules
	9. Biribpiace	Due to.
	10. Usuat occupation.	
	11. Industry or business	Due 10.
	12. Name Decot There Others In 13. Birthpface Virginia	Dther conditions
		(Include pregnancy within 8 months of death)
	14. Maiden name. Control Contr	Major findings of operations.
	16. Informant William & Pursuer	Autopsy results. Date of op.
	Address Rusal Pocamal, and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	17 Barrial Date thereof June 13-1945	22. VIOLENCE: If death was due to external causes, fill in the following;
	(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory	Where did injury occur?
	Location	Injured af home, farm, industry, public place (where?)
	18. Funeral director margarette Fredor	Means of Injury Injured at work?
	Address Pacomoke md	falladender med
	19. 6 3. 19 d/ 6 Gassiel 3. Besistrar	Address Date signed E / 1/4



SUREAU VAL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County. 1. Country (For newborn Inferior spreadones of months) State. Country (For newborn Inferior spreadones of months) State. Country State. Count		
City or town the control of each of the control of		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Bit line in access pulse, or least fides where death comments. Street No. (If cutable city or town limits, write RULAL nod give nearest 60-ws) megatia, institution? 3. (a) FULL NAME 3. (b) For or race 6. (a) Single, perfect, willow, or diverses 4. Six 5. Color or race 6. (a) Single, perfect, willow, or diverses 6. (b) Haive, give age 7- Birth faits of deceased (ma. 4x, yr.) 7- Birth faits of deceased (ma. 4x, yr.) 8. AGE; Years Months 9. Birthplace 7- Crown, country, and stays) 10. Usual occupation. 11. Indicator or business 11. Indicator or business 11. Indicator or business 11. Indicator or business 11. Indicator or committed (many) 12. Wasne. 13. Birthplace 14. Maiden name 15. Birth faits or deceased (man, 4x, yr.) 15. Birth faits or deceased (man, 4x, yr.) 16. Usual occupation. 17. Sinth faits or deceased (man, 4x, yr.) 18. Finheral deceased (man, 4x, yr.) 19. Usual occupation. 11. Indicator or business 11. Indicator or business 11. Indicator or business 11. Indicator or business 12. VIOLENCE: If death was due to caternal causes, fill in the following: Accident, suicide, or homicide. 18. Finheral director. 19. Where did injury occur? 19. Country injured al work? 19. Where did injury injured al work? 19. Bircharder 10. December or crematory 10. December	() - () -	0. 6
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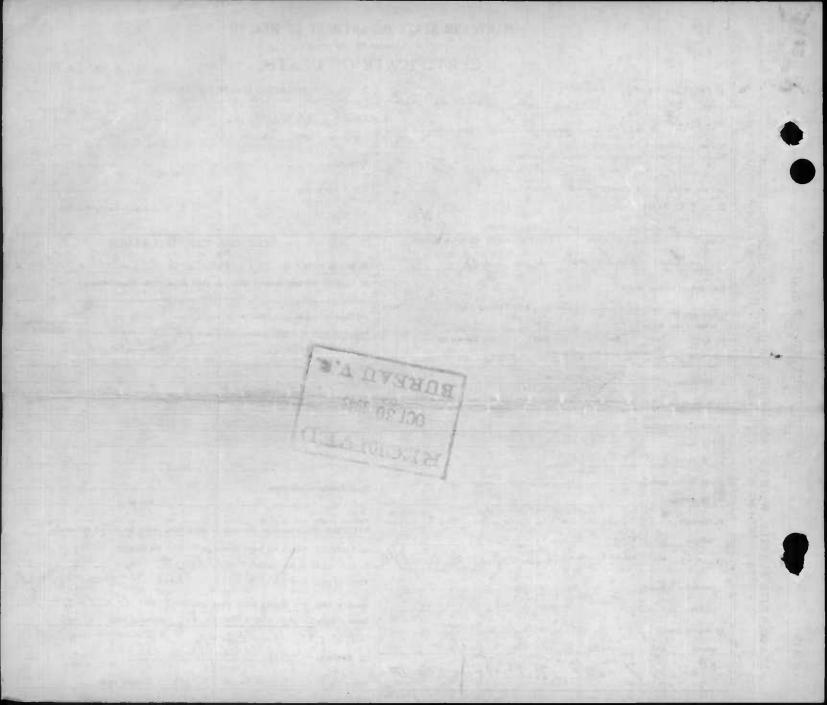
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-

CERTIFICATE OF DEATH

Reg. Dist. No 760

1. PLACE OF DEATH: County City or town City or town limits, write RURAL and give nearest towo) How loog in above place of death? Hospital, Institution, or street address where death occurred: How tong in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 36
8.(b) Namo of husband or wifo	20. DATE OF DEATH
docoasod (me., day, yr.) 8. AGE: Years Months Days It less than one day hrsmin.	Immediate cause of death DURATION DURATION
9. Birthptace	Due to.
12. Name	Other conditions
14. Malden name	Major fiedings of operations
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18. Funeral director James, S. Llewin Address Princes and med. 19. Cet. 27, 18 45 R. H. John 50 M. M.	Injured at home, farm, industry, public place (where?) Means of injury Articles (where?) Defect Prespective injured at work? 23. SIGNATARY M. D. or other Particulary M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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1 PLACE OF DEATH: We comile	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn int site give residence of mothers)
County	State Ma. J. Gunty Nicomics
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Streetho X16 M. Montfeello rue
or was are compar as proposed	(Ifrural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war.
Harry Earl We	3. (b) Social Security Number
4. Sex 5. Color or race (c) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mare Marie &	20. DATE DF DEATH. June 29 195 21 6 19. M
6.(b) Name of husband or wife Berlie Barrer Wise	21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from
7. Birth date of	19
deceased (mo., day, yr.) 0 4 , 2 - 1.0 0 5	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day 22	Coronary Thrombosis Sudda
9. Birthplace accomac Zuzinia	Due to
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business 1. 12 les ware Wine	
12. Name John Seren Pine 13. Birthplace accomac Zuzinia	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Margaret and Burnling 15. Birthplace Locutrille Va.	Major findings of operations.
16. Intermentales, Bertie B. Mine g.	Autopay results.
Address //6 W. Monticello are. Sahihing)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Bite thereof June 28-/4	VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or ramoval, 77 ch?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery of Chematory	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, tarm, industry, public place (where?)
18. Furreral director	Palladerow WD
Address Salisbury Maryland,	23. SIGNATURE elepety ned Youris
19. 6/27/ 19215 Haggiet Er Joh	M, D. or other
(Date red d by registrar) (Kegistrar	Address Date signed b 123/45

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Evidence for the addition MARYLAND STATE DEPAR of color is shown on G 108 1/29/47 2411 N. Charles St., CERTIFICATE	Daitimore (3-0)
(If outside city or town limits, write RURAL and give nearest town)	or town

06472 Reg. Diat. No. 333

OF DEATH

1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
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4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
angle colored	20. DATE DE DEATH
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deceased (mo., day, yr.) (/ 8 9 7	Immediate cause of death. Company Of Control DURATION
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8. Birthplace ? South Carolin	Due to 2 2 200 1 2 2
(Town, county, and atate)	
1D. Usual occupation.	Due to
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12. Name	Other conditions
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14. Malden name	(Include pregnancy within 3 months of death)
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16, Informant	Antopsy results PHYSICIAN: Please underline the cause to which denth should be charged statistically.
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18. Funeral director total a Siodsraw	Means of Injury Injured at work?
Address Crestild And	E. J. J. M. D. M. D.
19	23. SIGNATURE M. D. or other Address D. M. D. ar other Address D. Date signed b. L. M. D. or other

